



**Cura
Administrators**

Cura Administrators (Pty) Ltd, an authorised Financial Service Provider (FSP 26848)



2025 Top-Up Cover (Gap Cover) Ultimate Cover

Cura Administrators (Pty) Ltd. is an Authorised Financial Services Provider (FSP 26848) underwritten by GENERIC Insurance Company Limited (FSP 43638). GENERIC is an Authorised Financial Services Provider and licenced non-life insurer.

Telephone: 010 021 0260 | **Email:** mail@curaadmin.co.za | **Website:** www.curaadmin.co.za

WHAT WE
STAND FOR
SETS US
APART

ABOUT US

Founded in 1997, Cura Administrators is an authorised financial services provider (FSP no. 26848) and consults on and administers various groups' health related products and funeral plans for clients throughout South Africa.

We specialise in Accident and Health Insurance, Cancer Cover and Funeral Cover. Cura products are available to clients on all open Medical Schemes and most Closed Schemes but are independently provided and are therefore transferable in the event of a change in the client's Medical Scheme.

**We don't just sell solutions;
we create them.**



Our approach to service is based on superior and continuous client service. This, in turn, flows from our sincere concern for every client and his or her family.

CLAIMING PROCEDURE

Policyholders need to submit the following documentation to claims@curaadmin.co.za to initiate the claiming process:

- Give written notice of the claim within 6 months from the date of medical treatment for such incident;
- Any claims in terms of this policy will lapse after 12 calendar months from the date of occurrence of the insured incident provided it is not subject to the outcome of a pending court case;

Supply in writing any such proof or other information as Cura may reasonably request, which would include:

- A duly completed Cura claim form;
 - Fully specified hospital and relevant doctor's accounts;
 - Pathology & radiology reports if requested;
 - Members medical scheme remittance advice;
 - Pre-authorisation document from your medical scheme for procedure
 - Proof of banking details for reimbursement purposes;
- Any benefit payable in respect of hospital confinement shall become due at the end of the period of such confinement only;
 - All benefits payable shall be paid to the principal insured member and not the service provider;
 - No benefit payable shall accrue interest.

CONTACT US

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Email: mail@curaadmin.co.za
Website: www.curaadmin.co.za

Claims Department:
claims@curaadmin.co.za

New Application / Updates:
newbus2@curaadmin.co.za



**Accredited
Financial Adviser**



ULTIMATE COVER

Entry Age

Individual < 64 years
Family < 64 years
Individual > 65 years
Family > 65 years

Monthly Premium

R680.00 / month
R800.00 / month
R800.00 / month
R1105.00 / month

Premiums are paid monthly and are VAT inclusive.
Premiums are reviewed and may be adjusted annually.

Gap Cover is an Insurance Product that provides cover for you and your immediate family for the shortfall (Gap) resulting from any Medical Practitioner charging above the Medical Scheme Tariff for in-hospital surgical procedures and certain out of hospital procedures.

Our Gap Ultimate cover provides niche benefits for the more mature members needing even more comprehensive cover. Our premium cover is designed to provide the ULTIMATE cover and offers a vast range of benefits per insured to cater for unforeseen medical expense shortfalls up to 600% and provides comprehensive benefits.

**This is not a medical scheme, and the cover is not the same as that of a medical scheme.
This policy is not a substitute for medical scheme membership.**

DEFINITION OF BENEFITS

THE FOLLOWING BENEFITS ARE SUBJECT TO THE AGGREGATE ANNUAL LIMIT OF R210 580 PER INSURED PERSON (Limit may be subject to regulatory amendment) (Sub-limits may apply)

GAP COVER:

The shortfall that arises after your medical aid has processed your account, as a result of service providers charging above scheme tariff for authorised in-hospital procedures. The benefit pays up to 600% of scheme tariff less the higher of the amount paid by the scheme or the scheme tariff for in-hospital procedures / treatments and certain specified out-of-hospital procedures/treatments. You must belong to a registered South African medical scheme to qualify for Gap Cover.

PRESCRIBED MINIMUM BENEFITS:

A set of defined benefits, as per the Medical Schemes Act, in terms of which all medical schemes must cover the costs related to the diagnosis, treatment and care of any emergency medical condition; a limited set of 270 medical conditions; and 27 chronic conditions.

CO-PAYMENT BENEFIT:

A co-payment or deductible is an upfront amount that needs to be paid to the hospital/day clinic/radiologist before undergoing certain procedures, as specified by your Medical Scheme. When you experience a co-payment for a procedure or scan (as specified by your Medical Scheme) you would need to pay for the co-payment up-front and then claim the amount back from your Cura Gap Policy. If your Medical Scheme pays for co-payments from your day-to-day benefits, you may still claim the amount. This benefit includes out-of-hospital MRI/CT scans.

SUB-LIMIT BENEFIT: Internal Prostheses

The shortfall on a service provider account that is not covered where you have reached the sub-limit for Internal Prosthesis imposed by your Medical Scheme AND which has been authorised and paid from the In-Hospital or Major Medical benefit. It covers the difference in Internal prosthesis (examples include hips, knees, and spinal prosthesis, Cochlear Implants, and even cardiac pacemakers).

SUB-LIMIT BENEFIT: Intra-Ocular Lenses

The shortfall on a service provider account that is not covered where you have reached the sub-limit for Intra-Ocular lenses imposed by your Medical Scheme AND which has been authorised and paid from the In-Hospital or Major Medical benefit.

SUB-LIMIT BENEFIT: Radiology and Pathology Services

Combined capped amount where a member's available out of hospital benefits are depleted. This benefit provides an amount between R13 000 per insured per year for Radiology done by a Radiologist or blood tests done by a Pathologist when all available day-to-day benefits have been depleted. The Radiology benefit includes sonars done by a Radiologist but excludes sonars done by a GP or Gynaecologist.

SUB-LIMIT BENEFIT: Dental Procedures

The cost of emergency medical treatment or a surgical procedure due to accidental impact resulting in severe physical injury or due to cancer. This benefit provides an amount once all day-to-day Medical Scheme savings benefits are depleted. Implants are now included as part of this benefit.

SHORTFALLS FOR DENTAL PROCEDURES IN THE ROOMS

Removal of wisdom teeth only (if covered under the Medical Scheme Risk portion) will not include the consultation shortfall but will cover the anaesthetist's gap.

WHAT ARE THE BENEFITS COVERED?

The table below shows the amount that will be covered by the different membership categories per policy.

Overall Annual Limit (OAL) of R210 580 per Insured (Limits are subject to regulatory amendments)	
Gap Cover	Up to 600% Approximately 55 listed out-patient shortfalls are covered
Cover for Prescribed Minimum Benefits (PMB's)	Cover for PMB's
Co-payment In-Hospital (MRI/CT scans in-and-out-of-hospital included)	OAL (R210 580)
Use of Non-DSP Hospital: (Penalty Co-Payment)	R15 000 per claim / 2 claims per policy
Co-Payment for Robotic-Assisted Surgeries	Limited to R30 000 / Policy / Per annum
Sub-Limitations	R70 000 / Insured
Internal Prosthesis	Included in Sub-Limit
Sub-limitation on Intra ocular lenses	R9 000 per lens per year
External Prosthesis	R4 000 / Policy
External Medical Appliances: Limited to CPAP Machine, Hearing Aids, and Compression stockings. Only covers the Gap portion or once the medical scheme limit has been depleted.	R5 000 / Policy
Combined capped amount for radiology and pathology	R13 000 / Insured
Oncology Treatment: after oncology limit has been reached. Covers co-payments, such as biological drugs, radiotherapy, and chemotherapy.	OAL (R210 580)
Benefit due to a mastectomy on the unaffected breast: 1 event per person per lifetime (subject to qualifying criteria) if there is a short payment or ex-gratia benefit given by the medical scheme. (internal prostheses included)	Limited to R40 000 and 1 event per insured per lifetime
Non-Listed Biological Cancer Drugs (if scheme provided a portion)	Limited to R35 000 per policy per annum
Co-Payment on Rheumatoid Arthritis biological medication	Limited to R20 000 per policy per annum
Specialist Consultations Only gap portion covered for out of Hospital Visits	R600.00 per Claim Maximum 3 claims / policy / annum
Dental Trauma Benefit Due to accidental impact resulting in severe physical injury	R10 000 / Insured
Dental Shortfall due to Cancer: Implants are include	R50 000 per policy / subject to OAL
Shortfall on Consumables (in hospital)	R6 500 / Insured
TTO Medication (as on hospital account)	R500 per claim, subject to Consumable limit
Trauma Counselling	R10 000 / Insured
Casualty Benefit (Stay at registered sub-acute or step-down facility for rehabilitation treatment, including therapy provided by on-site therapists). A Sub-limit per policy and once Medical Scheme benefit limits have been reached/depleted.	R13 000 / Insured
Private Room Cover: Claim the shortfalls when the medical scheme pays part of the cost of a private hospital room	Limited to R10 000 / Policy / Annum
Cancer Lump Sum Benefit (Exclusion: Pre-existing Cancer and Skin Cancer) Stage 1 and higher	Once-Off R25 000 / Insured
Accidental Death Benefit: Must meet definition of Accidental	R10 000 / Insured
Premature Birth Lump Sum Benefit: Birth between 24 - 36 weeks of pregnancy	R2 500 / Policy
International Medical Travel Cover Maximum age is 80 years at next birthday	R5 million / Insured (Up to 90 days per trip)
12 Month Medical Scheme Premium Waiver Accidental Death & Permanent Disability of Principal member due to accident	No Maximum per month
Gap Premium Waiver Accidental Death & Permanent Disability of Principal member due to accident	12 Months

Benefits

BENEFITS NOT SUBJECT TO ANNUAL LIMIT OF R210 580 PER INSURED

DEFINITION OF BENEFITS (Continued)

ONCOLOGY TREATMENT:

The co-payment or deductible that your medical aid charges you or approved treatment after the higher of your oncology limit or R200 000 has been reached, including co-payments on items such as biological medication, radiotherapy, and chemotherapy per treatment cycle.

- Mastectomy – A benefit of up to 600% of the claim for reconstruction surgery for the affected breast, if the procedure was approved by your Medical Scheme. Up to R40 000 for the reconstruction of the unaffected breast, if there is a short payment or ex-gratia benefit given by the Medical Scheme, this Benefit will include the internal prostheses. This Benefit is available if the member was on a Cura Gap Policy at the time of the mastectomy. Subject to the OAL.
- Non-Listed Biological Cancer Drugs are limited to R35 000 per policy per annum, only if the Medical Scheme paid their portion.

SUB-LIMIT BENEFIT: Specialist Consultations

Only the gap portion of the Specialist Consultation will be covered for visits up to a maximum of 3 claims per annum. Due to the lack of legislation governing what a specialist may charge for an out of hospital consultation, it has become necessary to provide a benefit where Cura assists the member with the Gap between the Specialist Consultation charged and the medical scheme rate.

EXTERNAL MEDICAL APPLIANCES

This benefit covers external medical appliances but is limited to CPAP Machines, Hearing Aids and Compression Stockings. The benefit only covers the gap portion or once the medical scheme limit has been reached or depleted.

SHORTFALL ON CONSUMABLES:

Consumable Medical Supplies short-paid by the Medical Scheme for Treatment received whilst as an In-Patient. Non-chargeable items are not covered. Covers shortfalls on disposable items such as surgical gloves, bandages, and gauze.

TTO Medication:

TTO medication shortfalls as on hospital account, paid from Scheme Risk.

BENEFITS NOT SUBJECT TO THE AGGREGATE ANNUAL LIMIT OF R210 580/INSURED (Limit may be subject to regulatory amendment)

FIRST TIME CANCER LUMP SUM BENEFIT:

This benefit will provide a lump sum amount in the event of Stage 1 Cancer and higher. The benefit excludes pre-existing Cancer and Skin Cancer.

PREMATURE BIRTH:

This benefit will provide a lump sum amount in the event of a premature birth (Birth between 24 - 36 weeks of pregnancy) of the Principal Member or spouse.

INTERNATIONAL MEDICAL TRAVEL COVER:

Maximum of 90 days per trip. Maximum age is 80 years at next birthday.

CASUALTY UNIT BENEFIT:

The cost of emergency medical treatment or a surgical procedure performed in the hospital casualty unit, should such cost not be covered by the Medical Scheme. Emergency Triage Index applies. (Include: Orange and Red triage). This excludes medical appliances such as crutches, braces, wheelchairs, and take-home medication.

“Emergency” means the sudden and unexpected onset of a health condition that requires immediate medical treatment and/or an operation. If the treatment is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or death. The determination of an Emergency will be done through diagnosis (through classification by the attending Medical Practitioner and / or the Casualty Unit) and not on symptoms presented. Emergency Triage Index applies (Orange and red triage).

TRAUMA COUNSELLING:

This benefit covers counselling sessions with a registered counsellor or clinical psychologist that may be required after a serious or traumatic event. Insured must receive counselling within (1) one year of trauma incident.

SUB-ACUTE COVER:

Covers stay at a registered sub-acute or step-down facility for rehabilitation treatment, including therapy provided by on-site therapists (Sub-limit per policy and once Medical Scheme benefit limits are depleted). Includes registered Sub-Acute facilities such as Step-down (where the member needs the level of care which he/she would receive in hospital but does not need to be hospitalised) or rehabilitation facilities when a member needs to be rehabilitated after surgery. Co-Payments applicable to robotic-assisted surgeries, such as prostatectomies are limited to R30 000 per policy per annum

CO-PAYMENT ON RHEUMATOID ARTHRITIS:

Co-Payment on Rheumatoid Arthritis biological medication up to R20 000 per policy per annum.

PRIVATE ROOM COVER:

If the Medical Scheme only pays a portion of the cost of a private hospital room. Limited to R10 000 per policy per annum

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12-MONTHS MEDICAL SCHEME PREMIUM WAIVER:

This benefit will cover the monthly premium due to your Medical Scheme in the event of the accidental death and / or permanent disability of the Principal Member because of an accident for a period of 12-months.

GAP PREMIUM WAIVER:

This benefit will cover the monthly premium of your Gap Cover in the event of the accidental death and / or permanent disability of the Principal Member because of an accident for a period of 12 months.

ACCIDENTAL DEATH BENEFIT:

Must meet the definition of Accidental.

GENERAL EXCLUSIONS

The Product Provider shall not be liable for costs incurred for hospitalisation, bodily injury, sickness, or related disease directly or indirectly because of or in consequence of:

- Exposure to discharged nuclear weaponry fallout or by ionising radiation or contamination by radio activity from any nuclear matter or from any nuclear waste from the combustion of nuclear fuel. For this exception, combustion shall include any self-sustaining process of nuclear fission.
- Suicide, attempted suicide, or intentional self-injury.
- Consuming any drug or narcotic unless prescribed by and taken in accordance with the instructions of a registered medical practitioner (other than the insured person).
- Drug Addiction.
- An event directly attributable to the insured person having a blood alcohol concentration exceeding the legal permitted level, or the insured person presenting with alcoholism or an illness resulting from alcohol abuse.
- Hospital accommodation

MAXIMUM ENTRY AGE

No Maximum entry age is applicable to this policy.

Child dependants are covered until they reach the age of 21 years, with the option to continue cover as a principal insured and no new underwriting or waiting periods will apply.

This age may be extended up to 27 (twenty-seven) in respect of an unmarried child who is financially dependent on the Principal Insured Person, is not employed, is covered under the Principal Insured Person's medical scheme (Affidavit for above will be required) and/or is a full-time student at a recognised institute.

All newborns must be registered on this policy within 30 days after birth.

For all terms and conditions, benefits, limitations, and exclusions, please refer to your Policy Wording, or contact your broker.

- Participation in:
 - Active military duty, police duty, police reservist duty (only applicable to Gap Cover and short-term products), civil commotion, labour disturbances, riot, strike, or the activities of locked out workers).
 - Aviation other than as a passenger (excl. commercial pilots).
 - Any form of race or speed test, other than on foot or non-mechanically propelled vehicle, vessel, craft, or aircraft.
- Any procedure not covered or declined by the medical scheme.
- No benefits shall be payable for an insured event for which the insured person received treatment or advice 12 months prior to becoming an insured person. This exclusion applies to the first 12 months of cover only.
- No benefits shall be payable for pregnancy or childbirth for a period of 9 months from inception of the policy.
- Investigations, treatment or surgery for artificial insemination or hormone treatment for infertility.
- Depression, insanity or mental stress or psychotic/ psychoneurotic disorders.
- No benefits shall be payable in the event of fraudulent claim submission.

The table of benefits do not apply to any territory outside of the borders of the Republic of South Africa, Botswana, Lesotho, Swaziland, Namibia, Zimbabwe, and Mozambique.

WAITING PERIODS APPLICABLE

- 3-month general waiting period.
- 12-month waiting period for pre-existing conditions.
- 9-months waiting period on pregnancy (if pregnant with inception).

Concessions on the above waiting period will be considered for group schemes.





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Contact Cura on 010 021 0260 or visit the website www.curaadmin.co.za

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